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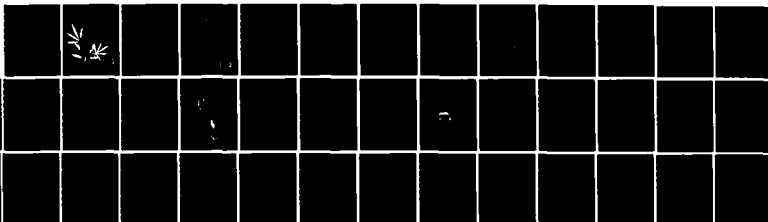
AIR UNIVERSITY COMMANDER'S AND SUPERVISOR'S GUIDE ON
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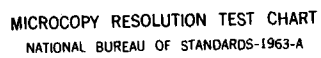
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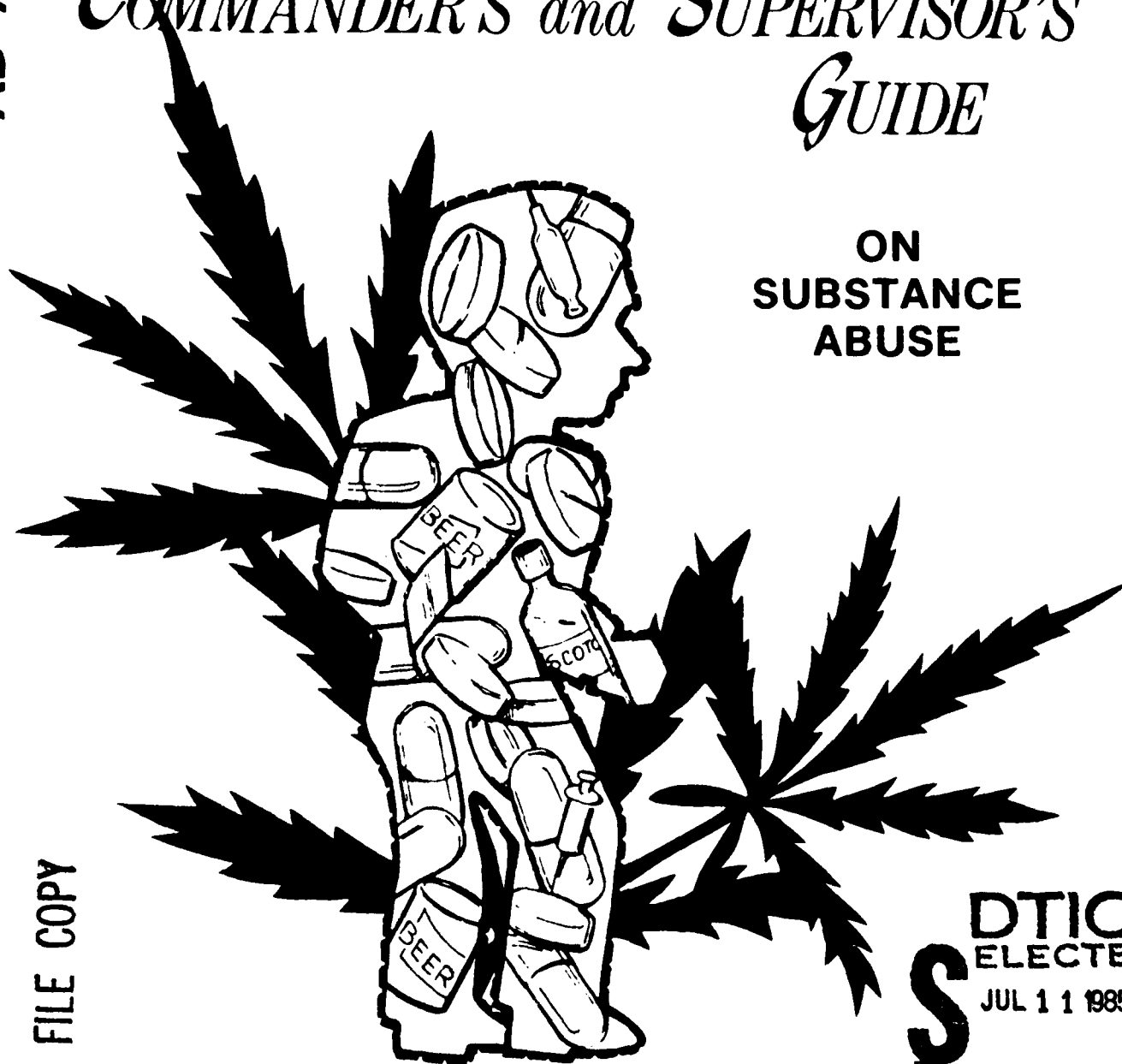


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AIR UNIVERSITY *COMMANDER'S and SUPERVISOR'S* *GUIDE*

ON
SUBSTANCE
ABUSE



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Submitted to the faculty in partial fulfillment of
requirements for graduation.

AIR COMMAND AND STAFF COLLEGE

AIR UNIVERSITY

MAXWELL AFB, AL 36112

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PREFACE

A SUBSTANCE ABUSE GUIDE

The use of mood altering substances has become part of our modern way of life. According to a study prepared by the Social Research Group at George Washington University, nearly 80% of adult Americans use some alcohol. Whatever the reason, the result is a nation with an estimated 100 million drinkers, of whom a staggering 9 million are thought to be alcoholics. The victims of these frightening statistics cause thousands of alcohol related deaths each year and an annual loss of about 15 billion dollars due to lost work time. The impact this lost work time has on military readiness is my primary motivation for developing this handbook on substance abuse for Air University supervisors and commanders. It is designed to be a ready reference guide to assist in the identification and treatment of substance abuse.

Although Air Force Regulation 30-2 (Social Actions Programs) ~~will be my~~ ^{is the} primary source document, I will also use other materials such as books, pamphlets and material from substance abuse guides from other commands and bases. ^{as needed} Additionally, I will make suggestions and recommendations based on my training and eight years of experience ^{as a} Social Actions Officer. If used properly, this guide will assist commanders and supervisors as they work with the substance abuse problem in their organizations.

This guide will first give an explanation of Air Force policy on substance abuse, ~~This will be followed by a chapter on what your responsibility is as a commander and supervisor. Next, I will discuss the difficult issue of confronting the substance abuser. Finally, I will explain the evaluation and rehabilitation process.~~ ^{There is also discussion of the evaluation and rehabilitation process.}

This project could not have been completed without the help of several people, including fellow course officers and former co-workers. I especially like to single out Major Laurel Henderson, AU/DPZA, who was instrumental in helping me obtain information for this guide from other major commands. Thanks for your support.

ABOUT THE AUTHOR

Major Hollis E. Booker entered the Air Force in 1972. With the exception of a four-year AFROTC assignment through Officer Training School, he has been a career Social Actions Officer. He has had Social Actions assignments at Base, Wing, Air Division and Intermediate Headquarters level. His most recent assignment was to Lowry Technical Training Center as Chief of the Center's Social Actions Division.

He is a graduate of the Air Force Basic Social Actions School, Chief of Social Actions Course, and Johnson Institute Workshop on Chemical Dependency. He was awarded a Bachelor of Science Degree in History from Lane College, Jackson, Tennessee and a Master's Degree in Psychology from the University of Wisconsin, Superior, Wisconsin, with special emphasis on substance abuse. He has also completed 26 hours of post graduate work toward a PhD in Guidance and Counseling at Saint Louis University, St Louis, Missouri. He has completed Squadron Officer School, Marine Corps Command and Staff College and Air Command and Staff College.

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CHAPTER ONE AIR FORCE POLICY



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CHAPTER 1

AIR FORCE POLICY

As a starting point, let's examine Air Force policy on substance abuse as outlined in AFR 30-2. Objective: The Air Force Drug and Alcohol Abuse Control Program was established to help maintain standards of behavior, performance, and discipline necessary for mission accomplishment. Supervisors and commanders must objectively respond to all unacceptable behavior or performance with prompt and appropriate corrective actions.

1. Air Force Policy on Drug Abuse. The illegal or improper use of drugs by Air Force members can seriously damage physical and mental health; may jeopardize their safety and the safety of others; and can lead to criminal prosecution and discharge under other than honorable conditions. Drug abuse is not compatible with Air Force standards. The Air Force is responsible for preventing drug abuse among its members; for identifying, treating, and restoring drug abusers to duty when feasible; and for disciplining or separating those who use or promote the use of illegal drugs.

2. Policy on Alcohol Abuse. The Air Force recognizes that alcoholism is preventable and treatable. It is Air Force policy to prevent alcohol abuse and alcoholism among its personnel and their family members; to try to restore to full duty status persons with problems attributable to alcohol abuse; and to insure the humane management and administrative disposition of those who cannot be restored or do not remain restored. Air Force standards of behavior, performance, and discipline must be maintained. A member's failure to meet these standards must be based on demonstrated unacceptable performance and conduct, rather than solely on the use of alcohol.

a. Behavior and Performance. Commanders and supervisors must respond to unacceptable behavior or performance with the proper corrective actions.

b. Drinking Habits. It is each person's right and responsibility to exercise private judgement in the use of alcohol, when not otherwise restricted by public law or military directives. Private drinking habits that do not affect public behavior, duty performance, or physical and mental health are not investigated.

c. Intoxicated Driving. Intoxicated driving is incompatible with the maintenance of high standards of performance, military discipline, personnel reliability, and readiness of military units and supporting activities. It is Air Force policy to reduce significantly the incidence of intoxicated driving within the Air Force through a coordinated program of education, identification, law enforcement, and treatment. Specifically, the goals of the Air Force intoxicated driving prevention program are to (a) reduce the number of fatalities and injuries suffered by Air Force personnel and their family members by ten percent per year, (b) change critical knowledge, attitudes and behaviors which affect intoxicated driving within the total force, (c) establish ongoing base and local community programs to define and resolve mutual intoxicated driving problems, and (d) establish an ongoing internal information campaign and assessment program. According to the DoD immunities program:

Persons who engage in intoxicated driving, regardless of the geographic location of the incident, demonstrate a serious disregard for the safety of themselves and others. It is appropriate for military commanders to protect the mission of an installation and the safety of persons and property therein; to restrict installation driving privileges of persons who engage in such actions.

3. Drug Abuse Policy for Officers and NCOs. Officers and NCOs (E-4 through E-9) by nature of their rank and position, must lead by example and enforce rules and regulations. The use or abuse of drugs by persons in such positions of responsibility is unacceptable. Therefore, retention in the Air Force is usually not appropriate.

CHAPTER TWO SUPERVISORY RESPONSIBILITY



CHAPTER TWO

COMMANDERS' AND SUPERVISORS' RESPONSIBILITY

1. Unit commanders and supervisors, both military and civilian, must be familiar with the Air Force's substance abuse control program, support program activities, and take corrective measures in case of personnel involved in drug and alcohol abuse. This process includes, but is not limited to

- a. Continually observing subordinates' performance and conduct.
- b. Documenting specific instances of substandard duty performance or misconduct (deteriorating duty performance, frequent errors in judgement, excessive tardiness or absenteeism, frequent involvement in acts of misconduct resulting in written documentation, and unacceptable social behavior).

- c. Making sure that urine testing is completed in all incidents of known or suspected drug abuse (refer to the clinic or social actions). It is DoD policy that the commander direct urine testing in unusual circumstances of aberrant, bizarre or unlawful behavior. Examples are returning from apprehension after an unauthorized absence, failure to obey a lawful order, violation of safety requirements, apprehension or investigation for drug offenses, crimes of violence, drunkenness, larceny, traffic-related offenses, continued indebtedness, or indications of deteriorating duty performance.

- d. Consulting with medical and social actions staff when substandard performance or misconduct is suspected to be drug or alcohol related.

- e. Interviewing or counselling subordinates concerning poor job performance or misconduct.

f. Seeking advice from and coordinating with the central Civilian Personnel Office on civilian employees whose performance, discipline, or conduct is substandard and is suspected to be drug or alcohol abuse related.

2. Unit Commanders must refer military personnel who are suspected or involved in substantiated drug or alcohol abuse incidents to the base Social Actions Officer.

3. Air Force policy with respect to drug and alcohol abuse is entirely consistent with the responsibility of referral and represents a long needed, affirmative step in our efforts to show genuine, personal concern for the welfare of our members. As their leaders, you are not tasked to be a diagnostician; but, are charged to confront unacceptable performance or behavior, whatever the cause, and on that basis, to take immediate and appropriate corrective actions. In dealing with potential or alcohol related problems, the role of the supervisor is to identify problem employees early and motivate them to accept help. Your role as a supervisor is simply to counsel the employee and refer to Social Actions when appropriate.

4. You have a very effective tool in motivating employees to seek and accept help - that tool is the employees' desire to hold their jobs. By using your authority fairly and constructively, you can make the employees understand that, unless the problem that is causing the poor job performance is resolved, and performance is brought up to standards, they will be disciplined and may be fired. In other words, you do not attempt to deal with the possible drug or alcohol abuse. You deal with the facts of unsatisfactory job performance and the ultimate consequences if not corrected. You present the program as one means of helping the employees understand what the causes of their problems are and how to solve them. The supervisory action you should take is the same as for any work performance problems. In dealing with an employee, keep these do's and don'ts in mind.

DO'S AND DON'TS FOR SUPERVISORS

Do's

1. Make sure each of your employees understands the quality of work performance, conduct and attendance that is expected.
2. Be alert to adverse changes in work performance, conduct or attendance.
3. Document all unacceptable work performance, conduct and attendance.
4. Discuss deteriorating work performance, conduct or attendance with employee - keep the discussion focused on the facts. Let the employees know their jobs are in danger unless performance comes up to standards.
5. If performance improves only temporarily, or continues to decline, offer the employee the opportunity to get help.
6. Keep in mind the employees may be reluctant to seek or accept help for a drinking problem. Confront the employees with the facts on their performance.

Don'ts

1. Don't be a diagnostician or therapist. You may not be able to judge whether an employee is an alcohol or drug abuser.
2. Don't discuss with the employees any possible drinking or drug problem or attempt to counsel them. Drinking or drug abuse should not be discussed at the time you are reviewing performance, unless it occurs on the job.
3. Don't take action to terminate employees who are doing satisfactory work without first offering help through the program, unless circumstances demand such action. (For example, if they supply drugs on duty).
4. Don't let the employee trap you into helping cover up the problems or otherwise gain your sympathy to "buy time." This delays the inevitable.

When supervisors refuse to admit the existence of the problem, ignore it because of friendship, long term service and stigma, or delay immediate disciplinary action, transfer or separation, it only exacerbates the problem. Supervisors have the potential to become emotionally involved with the victim. While intentions are good, it can be harmful. When that happens, objectivity is lost. Once entrapped by addiction or alcoholism, the users or drinkers are usually unable to help themselves, and in most cases, if left to their own devices, will only get worse. Unfortunately, most languish for years. Timely intervention by supervisors is the key to a positive control program and can mean the difference between success or failure in each individual case encountered. Even after ignoring the pleas of the family or friends, the employees will frequently be shocked into accepting assistance when confronted with the probability of losing their job or career. Air University's intent is not that this threat become a reality, but that it will serve, as a last resort, to motivate the individual to treatment and restoration.

CHAPTER THREE CONFRONTATION



CHAPTER 3

CONFRONTATION

When use of substances begins to impair the performance of one's on-the-job functions, the expertise and training of the supervisor comes into play. The decision to intervene should be based on deteriorating performance. Confrontation between the supervisor and the problem member should take place at the earliest possible time. The most effective time is when it has been determined that the deviations documented do not represent a transitory phenomenon, but do identify a significant departure from pre-established personal patterns or acceptable standards.

2. The key to successful confrontation is to stick to the facts as they affect work performance, and to avoid emotional involvement. Confronting a subordinate with a charge that he or she has an alcohol or other drug problem is likely to drive the user into a defensive posture and make positive intervention more difficult later. More specifically do not attempt to discuss drinking habits or other drug use with your employees. Substance abusers are usually expert manipulators. Maintain control of the conversation and stick to what you know and can document, for example, unacceptable behavior such as absenteeism, accidents, mistakes, and failure to meet objectives or deadlines. When you discuss substance abuse, the focus shifts to the user's area of expertise and you risk losing control of the interview.

3. Avoid threats about disciplinary action. If disciplinary action is contemplated, it is sometimes appropriate to say so, factually. Do not raise the question of discipline as a meaningless threat.

The following confrontation sequence is suggested as a guide:

STEP 1: IDENTIFY THE PROBLEM

1. Document each incident using specific times, dates and facts. (NOTE: The individual should be counseled at the time an incident occurs. Documentation should be in the form of letters of counseling, reprimand, etc. In other words, don't let problems go unaddressed until the confrontation takes place).
2. If the individual shows for duty under the influence, he/she should be referred to medical personnel immediately for a breathalyzer and/or urinalysis.
3. Your drug and alcohol abuse control personnel are available and should be conferred with as soon as you suspect a drug or alcohol problem exists. Phone Social Actions. Be prepared to give identity data on the individual, and the nature of the problem. They will advise you if it is appropriate to go to step two.

STEP 2: CONFRONT/COUNSEL

1. The first interview should be relatively low-key, in the tone of a job evaluation. As a supervisor, point out the areas of deficiency and offer to help in solving their problems.
2. The discussion should be free of sympathetic and apologetic overtones. Sympathy is one thing substance abusers do not need and which often serves just to encourage rationalization and denial. Rarely in this interview will they admit that alcohol or some other drug of abuse is either at the root of, or is contributing to the problem. Unless there is strong supporting evidence that drugs are involved, the supervisor should not overlook the possibility that other matters may be the cause of the work deficiency.

BEFORE THE SESSION

1. Insure you have all pertinent documentation in order and on hand for the session. For example, letters of counseling or memo for record.
2. Schedule the appointment so that you will have enough time and will not be interrupted.
3. Prepare a list of referral resources such as local AA chapters and mental health, with phone numbers and have it available at the counseling session. (Your Social Actions officer will have others).
4. Have available written standards they are required to meet.
5. Know what actions you will take if they fail to comply with the standards; i.e., recommend disciplinary action by the commander.

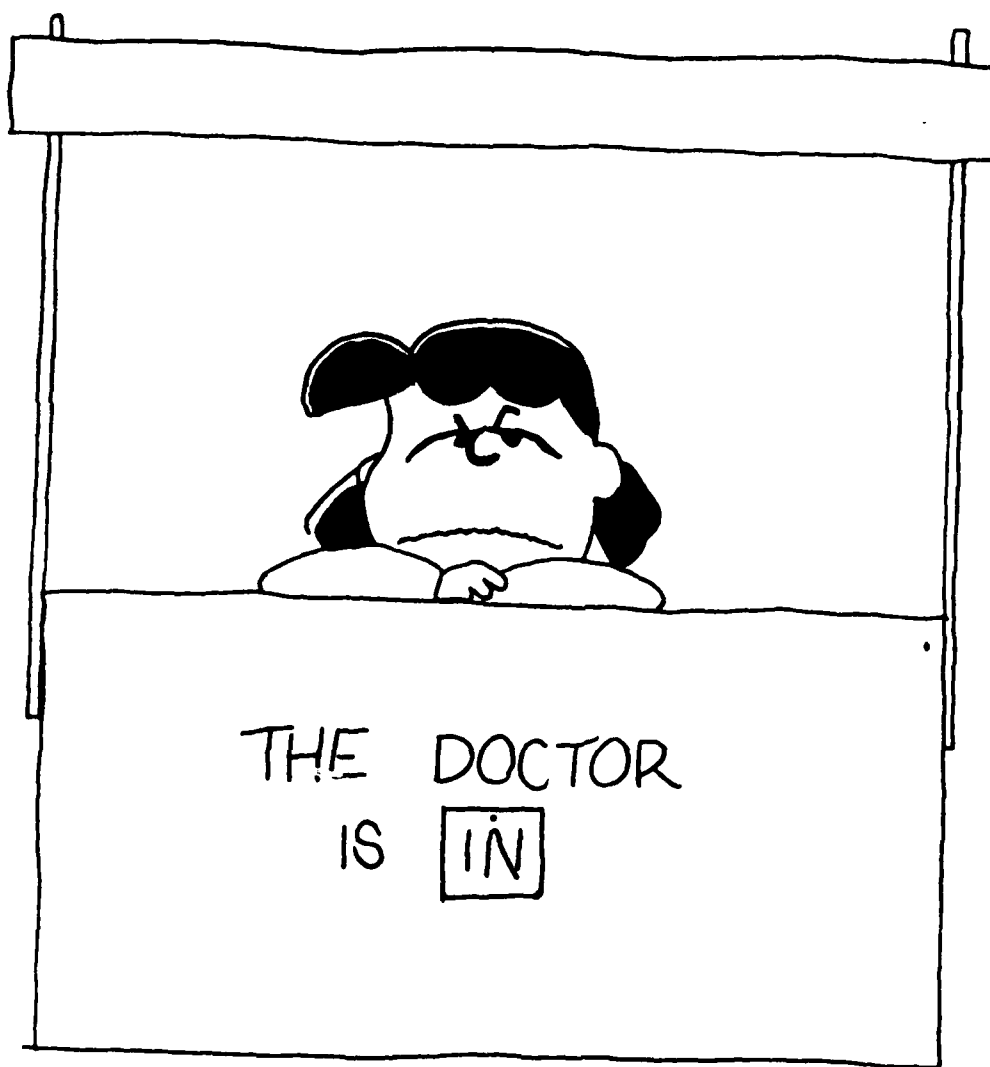
DURING THE SESSION

1. Have them review the documentation.
2. Stress that your concern is their performance and behavior.
3. Tell them the standards you require and the actions you will take if the standards are not met.
4. Offer the individual a referral stressing that it is to help them meet required standards.
5. If the referral is accepted, have them make an appointment in your presence.
6. Schedule another counseling session about a week later, when the situation will again be reviewed for improvement or further action.

NOTE: If the situation warrants (alcohol withdrawal or show signs of depression), a referral to Social Actions, the hospital, or the chaplain may be in order. This appointment should be ordered.

NOTE: Remember that withdrawal from alcohol addiction constitutes a medical emergency. When in doubt, send the individual to a health care provider.

CHAPTER FOUR EVALUATION & REHABILITATION



CHAPTER 4

EVALUATION AND REHABILITATION

The objective of the Drug and Alcohol Abuse Control Evaluation Rehabilitation Program (DAARP), according to AFR 3U-2, is to return all identified drug and alcohol abusers to unlimited duty status or to assist them in their transition to civilian life. Commanders and supervisors play important roles in carrying out this objective. The supervisor, because of close association with the subordinate, is in the best position to observe behavior and attitude. The commander's role is deciding to separate or rehabilitate.

Identification

Identification is the first step in the evaluation rehabilitation process.

Identification may be based on the following instances:

- a. Arrest or apprehension by military or civilian authorities. For example, driving while intoxicated as reported in the Security Police Desk Blotter or by civil authorities.
- b. Investigation. Generally an OSI drug investigation.
- c. Self Identification.
- d. Incident to Medical Care. When medical personnel observe drug or alcohol abuse during treatment, they must notify the unit commander or Social Actions.
- e. Commander/Supervisor Referral. Commanders and supervisors should refer members for evaluation when they observe unusual patterns of behavior or conduct. Regardless of the method of identification, the unit commander makes the referral with Air Force Form 2731. (See Attachment 6)

EVALUATION

1. After the completed AF Form 2731 is received by the Social Actions Office, the evaluation phase begins. The process will usually take place in the following order.

a. Appointments. The Social Actions Officer will schedule the member for both a social actions and medical evaluation. You must insure that he/she keeps these important appointments. The evaluation process must be completed within 30 days of identification.

b. Education. All identified Air Force substance abusers must attend an eight hour alcohol or drug awareness seminar except those who are separated or discharged from the AF prior to attending.

c. Social Actions Evaluation. Social Actions must conduct an assessment interview with the member and provide the member with an overview of the evaluation process. Social Actions advises the commander of their assessment and recommendations.

d. Medical Evaluation. Medical personnel (usually mental health) will review the documentation provided by Social Actions, as well as the individual's medical records. Additional physical and psychiatric examinations will be performed if the medical evaluator feels they are warranted.

e. Chaplain Evaluation (Optional). If a chaplain participates in the evaluation, then the chaplain should attend the Rehabilitation Committee (RC) meeting.

2. After all evaluations are completed, the commander determines if an individual should enter local rehabilitation. To make that decision, the commander convenes a Rehabilitation Committee meeting with a representative of each evaluating function. If entered into local rehabilitation, they develop a regi-

men (a detailed, comprehensive, goal-oriented plan for rehabilitation) for the rehabilitee.

Local Rehabilitation Committee (RC)

Members of this committee are as follows:

1. Evaluatee's Commander
2. Evaluatee's Supervisor
3. Social Actions
4. Medical
5. Chaplain (Optional)

Local Rehabilitation

1. Entry into rehabilitation is required when the individual
 - a. Has a prior history of illegal drug involvement or alcohol-related incidents.
 - b. Is being processed for separation and is a substantiated abuser.
 - c. Is categorized as a "drug supplier."
 - d. Abused drugs or alcohol on duty or entry is directed by another regulation.
 - e. Is diagnosed as drug dependent, alcoholic or alcohol abuser.
2. Entry into local rehabilitation is accomplished by the commander filling out Block II of AF Form 2731 (see Attachment 5). If the decision is not to enter, Block III of this form must be completed.
3. Local rehabilitation should not exceed 45 days. For the drug abuse Rehabilitation program (DARP) and 90 days for the alcohol abuse program (AARP). Local rehabilitation should be designed to encourage rehabilitees to voluntarily meet Air Force standards of performance and conduct.

FOLLOW-ON SUPPORT

Follow-on support is the last phase of the rehabilitation program. During this phase, contact with the rehabilitee gradually decreases as he/she demonstrates self-motivated adherence to standards. The duration of this phase must not be less than 60 days nor more than 1 year.

RECOMMENDATIONS

1. Supervisors should become directly involved in the rehabilitation process by attending the substance abuse awareness seminar, group counseling sessions or Alcoholic Anonymous meeting with the rehabilitee. Based on this author's experience, this practice more often than not, speeds up the recovery process.
2. Family involvement should also be encouraged since it is affected by the abuse.
3. Keep Social Actions advised of unusual (good or bad) developments between RC meetings.
4. If you have any questions at all about the evaluation and rehabilitation process, call Social Actions.

GLOSSARY

ATTACHMENT 1

Alcoholic. Any individual who is medically diagnosed as suffering from alcohol abuse or alcoholism.

Alcohol-related Incident. Any incident in which alcohol is a factor. Even though driving while intoxicated (DWI) or driving under the influence (DUI) and drunk-in-public are clearly alcohol-related incidents, a careful review of DD Form 1569, Incident/Complaint Report must be accomplished to determine if alcohol is an underlying factor in any public or domestic disturbance.

Completion of AARP. A person is considered to have completed the AARP if, in the judgement of the commander: (a) Drinking behavior is controlled to the extent it no longer is considered damaging to physical or mental health or interferes with occupational or social functioning; (b) The rehabilitee has satisfactorily completed all general rehabilitation regimen requirements of the follow-on support phase and is voluntarily meeting Air Force standards of behavior and performance. The commander documents the completion of AF Form 2731, Notification of Substance Abuse. This action removes all restrictions on reenlistment, reassignment, and utilization that were imposed as a result of the member participating in the alcohol abuse rehabilitation program unless specifically restricted by other directives.

Completion of DARP. A person is considered to have completed DARP if, in the judgement of the commander, the rehabilitee has satisfactorily completed all general regimen requirements of the follow-on support phase, and is voluntarily complying with Air Force standards of behavior and performance; and the commander documents the completion on AF Form 2731.

Drug Abuse. Any illegal or improper use, possession, sale, transfer, or introduction on a military installation of drugs.

Drug Abuser. One who has illegally or improperly used, possessed, transferred, or sold any narcotic substance, marijuana, or dangerous drug.

Drug Addict. A person who has been medically diagnosed as being psychologically or physiologically dependent on a drug.

CONTINUED

Drug and Alcohol Abuse Control Committee (DAACC). An action-oriented board of advisors that coordinates the involvement, participation, and support of installation agencies in the Drug and Alcohol Abuse Control Program.

Drug and Alcohol Abuse Control Program. This includes prevention and identification efforts, the drug and alcohol abuse evaluation process, the various elements of threat assessment and countermeasures development, various education courses, and the Drug or Alcohol Abuse Control Rehabilitatio Program.

Drug or Alcohol Abuse Control Rehabilitation Program (DARP or AARP). Formal treatment for drug and alcohol abusers through local, centralized, or referral programs.

Drug and Alcohol Abuse Evaluation Process (DAAEP). The DAAEP provides the commander with sufficient information to make decisions that concern the appropriateness of rehabilitation.

Drug Experimenter. One who has illegally or improperly taken any narcotic substance, marijuana, or dangerous drug as explained for reasons of curiosity, peer pressure, or other similar reasons.

Drug User. One who has illegally or improperly used any narcotic substance marijuana, or dangerous drug more than a few times for reasons of a deeper and more continuing nature than those motivating the drug experimenter.

Failure to Complete AARP. A person is considered as having failed to complete the AARP if, in the judgement of the commander, drinking behavior is considered damaging to physical or mental health or interferes with occupational or social functioning, as manifested by continued alcohol-related incident involvement or failures to meet standards of behavior or performance.

General Rehabilitation Regimen. A detailed, comprehensive, and goal-oriented plan specifying activities in which the rehabilitee will be involved. This plan uses all available resources that the RC deems appropriate.

Intoxication. A state of impaired mental or physical functioning resulting from a substance in a person's body. This condition does not necessarily indicate alcoholism nor does the absence of observable intoxication necessarily exclude the possibility of alcoholism.

Marijuana. Any intoxicating product of the hemp plant, cannabis (including hashish), or any synthesis of them.

CONTINUED

Possessor. One who has illegally or improperly possessed a narcotic substance, marijuana, or dangerous drug. Personal possession is implied, and this definition would not ordinarily extend to an individual who was merely with another person who possessed or used a drug.

Problem Drinker. One whose nonpathological recreational use of alcohol leads to unacceptable behavior as evidenced by an alcohol-related incident (or incidents) and does not meet the diagnostic criteria for alcohol abuse or alcohol dependence.

Recovering Alcoholic. A person whose alcoholism has been arrested.

Rehabilitated Alcoholic or Problem Drinker. A person is considered successfully rehabilitated if, in the opinion of the RC: (a) Drinking behavior is controlled to the extent that it no longer is considered damaging to physical or mental health, or interferes with occupational or social functioning; (b) It is reasonable to assume that there is little likelihood for relapse; and (c) The rehabilitee has satisfactorily completed all rehabilitation requirements for the follow-on support phase. Members completing the follow-on support phase are fully qualified for duty, unless specifically precluded by other directives.

Rehabilitated Drug Abuser. One who has successfully completed the DARP.

Rehabilitation Committee (RC). The RC is convened to develop general rehabilitation regimens and monitor individual clients in the DAAEP and the rehabilitation programs. The RC includes (at least) the rehabilitee's unit commander, the immediate supervisor, a medical representative, and a drug and alcohol abuse control representative.

Responsible Decisions About Alcohol Consumption. These are deliberate decisions on an individual's part to abstain or to limit consumption. These limits are based on personal values, situational factors, cultural background, knowledge of alcohol effects, and consideration of one's well-being and the well-being of others.

Substance Abuse. The misuse of any psychoactive substance; a generic term used to encompass both the abuse of alcohol and drug abuse as defined earlier.

Substantiated Drug Abuser. A drug abuser who has been identified by the unit commander for entry into the rehabilitation program or who is being processed by the commander for separation because of drug abuse.

Supplier. One who furnishes, illegally or improperly, any drug substance to another person for profit or other personal gain.

SUPERVISOR'S ACTION ON ALCOHOL/DRUG ABUSERS

A	B
If the member	The supervisor must
1. Is initially identified as an alcohol or drug abuser	Alter the member's work schedule to allow for appointments with (1) Commander (for interview and subsequent entry into rehab program); (2) Social Actions office (for social evaluation); (3) medical facility (for medical evaluation); and (4) other appointments as necessary.
2. Fails to show for an appointment	Take prompt corrective action to insure the member understands that compliance with Air Force standards of behavior is an important part of the rehabilitation regimen.
3. Is entered into local rehabilitation (alcohol/drug).	Observe job performance/behavior and provide periodic feedback to the commander and social actions as to the member's progress.
4.	Discuss progress with member at least weekly.
5.	Participate as member of the rehab committee.
6.	(Drug rehab only). Insure member report for urine testing when notified.
7. Is entered into follow-on support (alcohol/drug)	Observe job performance/behavior and provide feedback to the commander and social actions as required (not less than quarterly) as to the member's progress.

8.

Discuss progress with member as
appropriate (at least monthly).

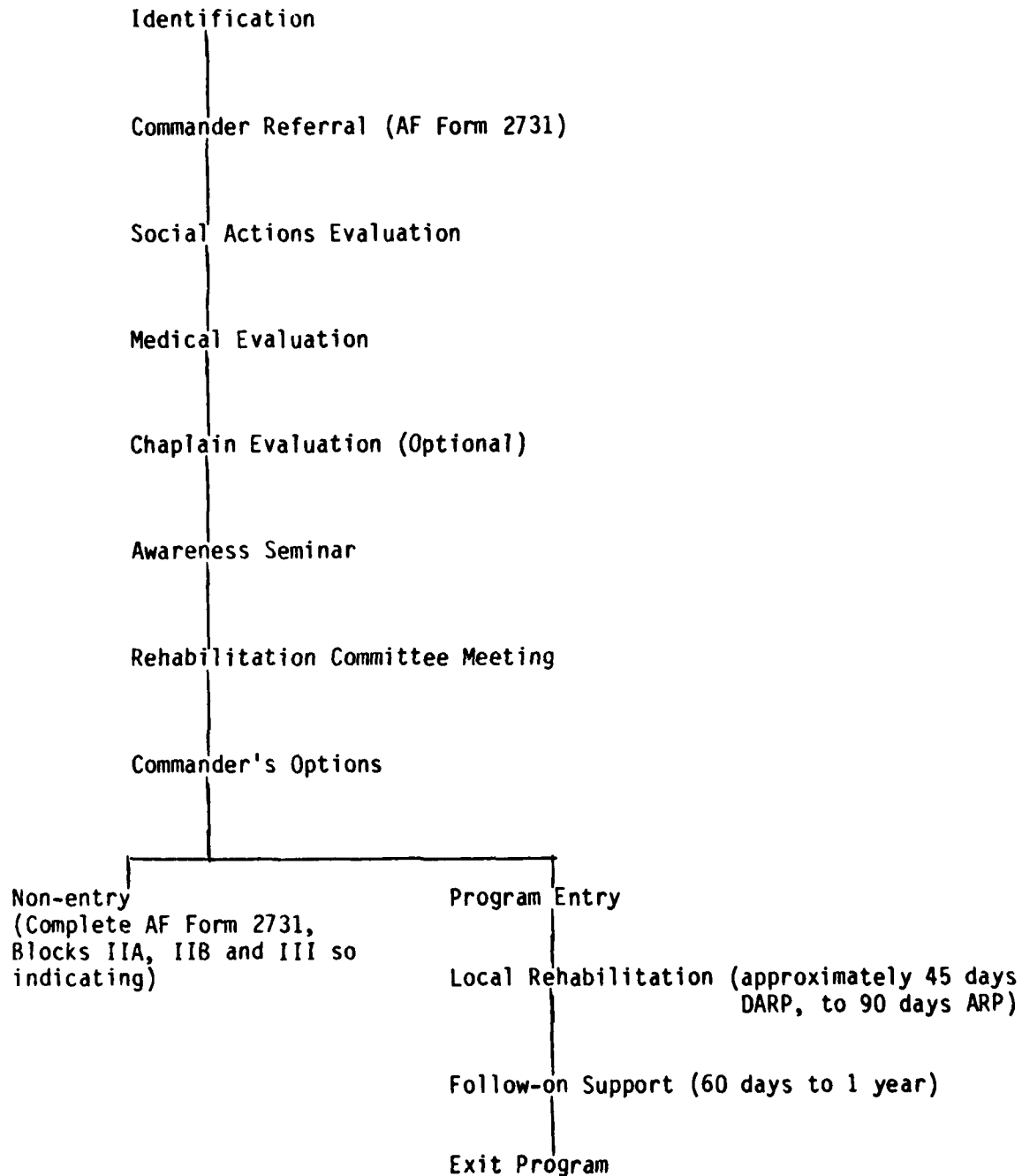
9.

Participate as member of
rehabilitation committee.

AIR FORCE SUBSTANCE ABUSE CONTROL FORMS

1. AF Form 2730, Substance Abuse Control Program Coversheet.
2. AF Form 2731, Notification of Substance Abuse.
3. AF Form 2732, Substance Abuse Control Program - Appointment Schedule.
4. AF Form 2733, Substance Abuse Control Program - Failed Appointment.
5. AF Form 2734, Substance Abuse Control Program - Incident Information.
6. AF Form 2735, Substance Abuse Control Program - Authority to Release Information.
7. AF Form 2741, Substance Abuse Control Program - Goals for Rehabilitee.
8. AF Form 2742, Goal Oriented Regimen.
9. AF Form 2743, Commander/Supervisor Evaluation.
10. AF Form 2744, Self Evaluation by Rehabilitee.
11. AF Form 2745, Rehabilitation Committee Review.
12. AF Form 2746, Chronological Case Notes.
13. AF Form 2747, Counseling Notes.

DIAGRAM OF EVALUATION AND REHABILITATION PROCESS



APPROPRIATE ACTION FOR REHABILITEES

	Drug	Alcohol
I. Drug and Alcohol Abuse Evaluation Process		
A. Placed on TDY ¹	No	No
B. Reassigned PCS ²	No	No
C. Promoted (assume the next higher grade)	No ³	Yes
D. Reenlisted ⁴	No	No ⁸
E. Leave	No	No
II. Local Rehabilitation		
A. Placed on TDY ^{1,5}	No	No
B. Reassigned PCS ⁶	No	No
C. Promoted (assume the next higher grade)	No	Yes ⁷
D. Reenlist	No	No ⁸
E. Leave ⁹	Yes	Yes
III. Follow-on Support		
A. Placed on TDY	Yes	Yes
B. Reassigned PCS ⁶	No	No
C. Promoted (assume the next higher grade)	No	Yes ⁷
D. Reenlisted	No	No ⁸
E. Leave ⁹	Yes	Yes

*See attachment 6 for explanation of numbers.

ATTACHMENT 6

1. May be sent to a medical facility for evaluation and treatment.
2. Commanders must take action to hold all assignment actions until the evaluation has been completed, but not more than 30 days (or 14 days for self-identified participants).
3. Promotion of persons who are under evaluation for drug abuse is withheld until evaluation has been completed. The withholding is based on the incident that led to evaluation, not the entry into the evaluation process itself. If drug abuse is not substantiated as a result of the evaluation process, the withholding is terminated. The promotion effective date and date of rank are determined in accordance with paragraph 27e(2), AFR 39-29.
4. Reenlistment of persons under evaluation is, as a rule, withheld until evaluation has been completed. The withholding is based on the incident that led to evaluation, not the entry into the evaluation process itself. If necessary, arrangements should be made to extend the individual's enlistment until the evaluation process is complete. Extensions to complete rehabilitation are authorized.
5. May be sent on temporary duty (TDY) to a medical facility for detoxification or to an Alcohol Rehabilitation Center (ARC) for treatment. May be sent on mission essential TDY at the discretion of unit commander upon advice of rehabilitation committee.
6. Reassignment of Members:
 - a. Members who are undergoing rehabilitation for drug or alcohol abuse are not eligible for assignment until completion of follow-on support (FOS) and subsequent removal of Alcohol Abuse Codes (AAC) 20 or AAC 11, except in the case of mandatory moves; that is, returning from overseas on the normal

date eligible for return from overseas (DEROS), completing 3320 Correction and Rehabilitation Squadron (CRS) Rehabilitation Program at Lowry AFB, being disqualified from special category assignments, etc. These members must be assigned to installations with full-time rehabilitation programs, and are not eligible for special duty assignments IAW AFR 39-11, Table 8-1, or AFMPC controlled assignments in Table 8-2. Technical training students who entered drug rehabilitation are not to be reassigned until they successfully complete follow-on support. Technical training pipeline students in the ARP are eligible for reassignment to installations having full-time rehabilitation programs, and are not eligible for special duty assignments in accordance with (IAW) AFR 39-11, Table 8-1 or Air Force Manpower and Personnel Center (AFMPC) controlled assignments IAW Table 8-2. The individual's unit commander must make sure that all administrative, medical, and disciplinary actions are completed before the member departs.

b. When a member is substantiated as a drug or alcohol abuser, reassignment from the current duty station for rehabilitation is not permissible (except to or from the CRS). Exceptions must be approved by the MAJCOM of assignment based on the results of the evaluation process. Requests must show why rehabilitation cannot occur at the current duty station and why TDY cannot complement local capabilities for rehabilitation.

7. Promotion is not denied solely because a person enters an alcohol abuse rehabilitation program. If misconduct or substandard performance exists, secondary to alcohol abuse, commanders take appropriate action according to AFR 36-11, 36-89, or 39-29.

a. Problem drinkers, alcohol abusers, and alcohol dependent members who have been selected for promotion are not removed from the selection list

because they enter an alcohol abuse control rehabilitation program; however, promotion is withheld until rehabilitation is completed except for those individuals who are self-identified. (NOTE: This subparagraph does not preclude appropriate disciplinary or administrative action premised on an alcohol-related incident).

b. Do not remove from a promotion eligibility list because they enter an alcohol abuse control rehabilitation program. Commanders should take action, however, if misconduct or substandard performance occur.

8. Only those personnel who self-identify for evaluation or rehabilitation due to alcohol-related problems are eligible to reenlist.

9. The supervisor should consult the commander and drug/alcohol counselor prior to granting the member leave.

UNAUTHORIZED DISCLOSURE PROHIBITED BY 21 USC 1701 OR 42 USC 4062 AS APPLICABLE

NOTIFICATION OF DRUG OR ALCOHOL ABUSE

INSTRUCTIONS: To enter individual in the Drug or Alcohol Abuse Evaluation Process, the unit completes Section I. To enter individual directly into Local Rehabilitation unit, complete Sections I and II. In both cases, all copies of this form are sent to Social Actions TO

SOCIAL ACTIONS (SLD)		FROM (Organization)	
NAME (Last, First, Middle Initial)		GRADE	SOCIAL SECURITY NO.

I. DRUG OR ALCOHOL ABUSE EVALUATION PROCESS

Enter individual in the Evaluation Process to determine whether rehabilitation is needed.

1A. PRELIMINARY MEANS OF IDENTIFICATION (MAPE codes in parentheses)

DRUG ABUSE		ALCOHOL ABUSE	
ARREST/INVESTIGATION UNIT (I)	URINALYSIS INSPECTION (II)	SELF IDENTIFIED (AI)	OTHER (DI)
SELF (IS)	URINALYSIS MEDICAL (IM)	COMMUN/SUPVR (BI)	TRAFFIC RELATED ARREST (BS)
MEDICAL CARE (IS)	URINALYSIS NONPROBABLE CAUSE (IUNAT) (IS)	MEDICAL (CI)	NONTRAFFIC RELATED APPREHENSION (IS)
OTHER (IS)	URINALYSIS PROBABLE CAUSE (ICOMAT) (IS)		
COMMUN/SUPVR (IS)			

1B. PRELIMINARY DRUG OF ABUSE

MARIJUANA (IA)	AMPHETAMINES (IU)	COCAINE (IM)	TRANQUILIZERS (II)
CSM (IS)	BARBITURATES (IS)	PCP (IS)	OTHER DEPRESSANTS (IN)
HALOGENATED OTHER THAN CSM OR PCP (IS)	METHAMPHETAMINE (IS)	OTHER DRUG (IS) (Specify)	OTHER STIMULANTS (IN)
	UPDATES (IS)		ALCOHOL (IS)

TYPED NAME AND GRADE OF UNIT COMMANDER: _____ SIGNATURE: _____ DATE: _____

II. FINAL DRUG OR ALCOHOL ABUSE EVALUATION PROCESS DISPOSITION

11A. DISPOSITION

☐ DRUG OR ALCOHOL ABUSE NOT SUBSTANTIATED: REMOVED FROM EVALUATION PROCESS
☐ DRUG OR ALCOHOL ABUSE SUBSTANTIATED: RENAS NOT REQUIRED (AL) (Complete Items 1A, 1B, and 11B or 11C, as appropriate)
☐ DRUG OR ALCOHOL ABUSE SUBSTANTIATED: RENAS REQUIRED (AL) (Complete Items 1A, 1B, and 11B or 11C, 11D, and 11E, as appropriate)

11B. LEVEL OF DRUG ABUSE	11C. LEVEL OF ALCOHOL ABUSE	11D. TREATMENT LOCATION CODE (DIN 407)	11E. MAPE CODE (DIN SEC 101 SCF)
SUPERVISOR (II) USER (IS) ADDICT (IS) POSSESSION (IS) MANUFACTURER (IS) DISTRIBUTOR (IS)	PROBLEM DRINKER (II) ALCOHOL ABUSER OR ALCOHOLIC (IS)		

TYPED NAME AND GRADE OF UNIT COMMANDER: _____ SIGNATURE: _____ START DATE (DIN SEC 101): _____

SLD	DPMGA	DPMFC	DPMPP	DPMUM	DPMUD	DPMAP	DPMUS
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III. DRUG OR ALCOHOL REHABILITATION PROGRAM REMOVAL STATUS

☐ PROCEEDS ENTRY, NOT A DRUG OR ALCOHOL ABUSER (DIN 401) (Remove all references to drug or alcohol abuse from personnel data system and destroy any MIF material pertaining to this drug abuse (DIN 301.8))
☐ SUCCESSFULLY COMPLETED REHABILITATION (DIN SEC 101)

☐ FAILED REHABILITATION (DIN SEC 101)

TYPED NAME AND GRADE OF UNIT COMMANDER: _____ SIGNATURE: _____ STOP DATE (DIN SEC 101): _____

SLD	DPMGA	DPMFC	DAMP	DPMUM	DPMUD	DPMAP	DPMUS
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